


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90403 022 ***150.00

DOCUMENT # P01000066175 1. Entity Name DOC-2-DOC, INC.					
Principal Place of Business 601 12TH AVENUE N.E., #1 ST. PETERSBURG, FL 33701			Mailing Address POST OFFICE BOX 669 ST. PETERSBURG, FL 33731-0669		
2. Principal Place of Business 5768-1 Calais Blvd No			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State St. Petersburg, Florida			City & State		
Zip 33714		Country Anellai		Zip	
Country		4. FEI Number 59-3742613			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent WHITE, BRIAN S 2817 LUCE DRIVE SOUTH CLEARWATER, FL 33761			7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 5768-1 Calais Blvd No. City St. Petersburg FL Zip Code 33714		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>B. S. WELLS</u> DATE <u>4/29/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WHITE, BRIAN S 2817 LUCE DRIVE SOUTH CLEARWATER, FL 33761		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5768-1 Calais Blvd No St Petersburg FL 33714	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, STEPHEN A 12990 TOPAZ STREET SPRING HILL, FL 34808		TITLE NAME STREET ADDRESS CITY-ST-ZIP	821-3rd Avenue SW. #4 Largo, Florida 33770	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITE, CHARLES R JR. 10483 112TH AVENUE NORTH LARGO, FL 32773		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>B. S. WELLS</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/29/05</u> Daytime Phone # <u>321/231-1620</u>		